



Santa Clara Police Training Flash



Combative Behavioral Emergency & Excited Delirium

When contacting a subject possibly dealing with a combative behavioral emergency or in a state of excited delirium, keep in mind that officer/public safety is paramount. Combative behavioral emergencies can stem from improperly treated psychiatric illnesses, stimulant use (cocaine, methamphetamines, PCP, LSD, and/or “spice”), or hypoglycemia (low blood sugar). Excited delirium is often associated with stimulant use and certain psychiatric illnesses. Excited delirium can lead to death due to; cardiac arrest (irregular heartbeat due to nervous system being overstimulated or abnormally fast heart rate), respiratory failure (unable to obtain sufficient levels of oxygen or eliminate sufficient carbon dioxide), or cardiac toxicity (prolonged use of stimulants).

Some symptoms of a combative behavioral emergency or excited delirium:

- Extreme agitation, aggression, combativeness, or yelling at people or inanimate objects
- Displays of violent behavior, violence toward inanimate objects, or physical destructiveness
- Superhuman strength, endurance without apparent fatigue (unstoppable), or increased pain tolerance
- Tactile hyperthermia (body feels hot to the touch), profusely sweating, or inappropriately clothed
- Delusional, disoriented, paranoia, odd behavior, or incoherent speech

If combative behavioral emergency or excited delirium is suspected, there is no immediate danger to the public or officers, and time/tactics allow:

- Focus on containing the subject & immediately request additional officers to assist
- If officer and public safety is not jeopardized, de-escalation should be considered
- Pain compliance techniques might be ineffective or diminished
- Immediately request Santa Clara Fire Department (SCFD) and county ambulance to respond, “Code 3” (or stage nearby for immediate response) and notify them that “excited delirium” is suspected

The **officer’s responsibilities** are to: secure the scene, restrain the subject, and place the subject in a recovery position as soon as possible with a clear airway. Upon arrival, **SCFD and county paramedics** will measure oxygen and blood glucose levels to rule out hypoxia (decreased oxygen levels) or hypoglycemia. If de-escalation methods have failed, the subject is still combative, and paramedics suspect a combative behavioral emergency or excited delirium; they will consider the administration of Versed (Midazolam) to the subject. If Versed (Midazolam) was administered or excited delirium is suspected, the subject shall be transported by paramedics to a hospital for medical clearance prior to booking.

If **force was used during the contact**, follow the mandatory notification and reporting (Lexipol 300.5/300.5.1). If the subject was restrained with a WRAP device, please document accordingly. When the subject is medically cleared and booked into county jail; **notify jail staff** of the possible medical risks, prolonged struggle, extreme agitation, impaired respiration, and use of the Wrap.

Source: <https://www.police1.com/archive/articles/10-training-tips-for-handling-excited-delirium-1lIRYRi2Ji7ctrkj/>

Source: <https://mentalhealthdaily.com/2015/04/22/excited-delirium-syndrome-causes-symptoms-treatment/>

Source: <https://www.police1.com/police-training/articles/8-facts-about-excited-delirium-syndrome-exds-nutDY9i2C1ATmeV5/>

Source: <https://www.lexipol.com/resources/blog/understanding-excited-delirium-4-takeaways-for-law-enforcement-officers/>

Source: https://emsagency.sccgov.org/sites/g/files/exjcpb266/files/BLS/ALS%20Protocols%20-%20ADULT%20PROTOCOLS/700-A20_2021.pdf

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